

THE LOCAL CHOICE HEALTH BENEFITS PROGRAMS APPEAL FORM

Persons enrolled in the statewide plans under The Local Choice Health Benefits Programs may use this form to appeal to the Director of the Commonwealth of Virginia's Department of Human Resource Management (DHRM) regarding a denied claim. ***To be considered a valid appeal, the Director must receive it within 60 days of the final adverse decision of the plan.*** Also, this form may be used to appeal directly to the Director of DHRM on matters of eligibility, regardless of The Local Choice plan in which the appellant is enrolled.

Your Employer _____
Your Name _____ Member I.D. # _____
Name of Enrolled Employee _____
Address _____
City _____ State _____ Zip _____
Home Phone () _____ Business Phone () _____
Patient Name _____ Date of Service _____
Name of Physician, Hospital, or
Other Health Care Provider _____

CHECK ONE OR MORE OF THE FOLLOWING REASONS FOR THE APPEAL:

- ☐ Disagree with the amount paid on a claim or with the amount of member copayment
☐ Believe the claim was for a covered service and should not be denied for payment
☐ Believe a service was medically necessary, though denied as not medically necessary
☐ Eligibility issue. Please describe _____

☐ Other. Please describe _____

PLEASE ATTACH DOCUMENTS RELEVANT TO YOUR APPEAL. For example: Explanations of Claims Processed, other correspondence from plan, letter from your physician, bill from your health care provider. Are documents attached? ☐ Yes ☐ No

APPEALS TO THE DIRECTOR OF THE DEPARTMENT OF HUMAN RESOURCE MANAGEMENT should be addressed as follows:

Director, Department of Human Resource Management
101 North 14th Street
Richmond, Virginia 23219

Please mark the envelope Confidential – Appeal Enclosed

What specific remedy do you seek in filing this appeal? _____

SIGNATURE _____ DATE _____

Please note: If your appeal is related to medical or mental health and substance abuse claims, DHRM must have a completed HIPAA Authorization Form before the appeal can be processed. The form is available on The Local Choice Web site at www.thelocalchoice.state.va.us under General Information or from your Group Benefits Administrator.